

## BUDGET

Contract Number: \_\_\_\_\_ DHR USE ONLY Taxpayer ID#: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Project Title: \_\_\_\_\_

Budget Period: \_\_\_\_\_ 1-Oct-04 \_\_\_\_\_ to \_\_\_\_\_ 30-Sep-05 \_\_\_\_\_

BUDGET ITEMS	TOTAL DHR SHARE
1. PERSONNEL	\$
2. SUBCONTRACTS	\$
3. TRAVEL	\$
4. SPACE	\$
5. SUPPLIES	\$
6. EQUIPMENT	\$
7. OTHER	\$
8. BUDGET TOTAL	\$
Itemize the sources of ALL non-departmental funds:	
Total Non-DHR Funding: \$	

### DHR USE ONLY

Approved for Mathematical Accuracy: \_\_\_\_\_ Assistance Payments, Finance Division \_\_\_\_\_ Date \_\_\_\_\_

1. PERSONNEL
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[illegible]

<b>2. SUBCONTRACTS</b> All subcontracts require the Department's prior written approval.		<b>TOTAL DHR SHARE</b>
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
<b>TOTAL SUBCONTRACTS:</b>		\$
<b>3. TRAVEL</b> All out-of-state travel requires the Department's prior written approval.		<b>TOTAL DHR SHARE</b>
Within project coverage area		\$
In-state (out-of-coverage area)		\$
Out-of-state		\$
Board Members - Within project coverage area		\$
Board Members - In-state (out-of-coverage area)		\$
Board Members - Out-of-state		\$
<b>TOTAL TRAVEL:</b>		\$
<b>4. SPACE</b> All repairs to facilities, regardless of the cost, require the Department's prior written approval.		<b>TOTAL DHR SHARE</b>
Basic Local Phone Service		\$
Long Distance		\$
Rent/Lease		\$
Use Allowance		\$
Utilities		\$
Upkeep (buildings/grounds)		\$
Minor Repairs		\$
Other (specify)		\$
<b>TOTAL SPACE:</b>		\$

5. SUPPLIES		TOTAL DHR SHARE
	Office Supplies	\$
	Computer-related Supplies	\$
	Custodial Supplies	\$
	Other (specify)	\$
TOTAL SUPPLIES:		\$
6. EQUIPMENT		TOTAL DHR SHARE
The Department's prior written approval is required for all property items having a total unit or individual cost of \$500 or greater.		
	Purchase	\$
	Rental/Lease	\$
	Repairs	\$
	Maintenance Agreements	\$
	Use Allowance	\$
	Office Furniture	\$
	Office Furnishings	\$
	Other (specify)	\$
TOTAL EQUIPMENT:		\$
7. OTHER		TOTAL DHR SHARE
	Membership Dues (itemize and attach a separate listing)	\$
	Subscriptions (itemize and attach a separate listing)	\$
	A-133 Audit	\$
	Liability Insurance	\$
	Attorney (Legal) Fees	\$
	Other (specify)	\$
TOTAL OTHER:		\$